



Work Sampling Registration
Vermont Department of Education

To pay by purchase order or credit card: Fax this form with a copy of your PO or credit card information

To pay by check: Fax this form with a copy of your check

Questions? Please call us at 800-627-7271 Client Relations Hours: 7am – 6pm Central Time

License Information:

Contact Name _____
Job Title _____
Center/Agency _____
Number of Sites _____
Address _____
City _____ State _____
Zip/Postal Code _____
Phone _____
Fax _____
Email (required) _____
Subscription Start Date _____
Licensee Number _____

Bill To:

Contact Name _____
Institution _____
Department _____
Address _____
City _____ State _____
Zip/Postal Code _____
Billing Contact Phone _____
Billing Contact Fax _____
Email _____

What best describes your program structure?

_____ Single Site
_____ Agency/District that manages multiple sites
_____ Organization that manages multiple programs

Item	# of Children	Price Per Child	Total Annual Fee
Work Sampling Online License		\$11.95	
Additional Data Storage in Archives			
Total			\$

Payment Method

Purchase Order Number _____	Pre-Pay by Check Number _____
Attach this page with copy of PO	*Required: Please attach a copy of the check
Credit Card: <input type="radio"/> Master Card <input type="radio"/> VISA <input type="radio"/> Amex	Card Number _____
Expiration Date _____	Amount \$ _____
Signature _____	Print Name _____

Prices are effective from January 1, 2009 to December 31, 2009 and subject to change without notice. Terms are balance net 30 days. If prices on your order are incorrect, we reserve the right to exceed the amount up to 10% unless otherwise stated on your order.

I Agree to the following:

I authorize Pearson to ship this order and agree to the terms set forth in the current assessment Catalogue
PearsonAssessments.com, including the Terms and Conditions, Returns Policy, and Privacy Policy.

Any Pearson test products purchased under my account will be used in accordance with all applicable ethical and legal guidelines.

I have read and hereby apply Pearson's Clinical Assessment Terms and Conditions and Privacy Policy to all orders for my
Account and will abide by them.

Check here to indicate that you give Pearson permission to provide the Department of Early Education and Care (EEC)
access to your Child demographic and assessment data for the limited purposes of data analysis and reporting at an aggregate
level.

Signature: _____

Date: _____

Please fax this form with proof of payment to Pearson

Fax: 617-904-1655

Remittance Address: Pearson PO Box 1416 Minneapolis, MN 55440